



San Diego Sheriff's Department  
 Fax # : (858) 467-4511  
 Property.Investigations@sdsheriff.org

## COUNTY OF SAN DIEGO LAW ENFORCEMENT TRANSPORT SHEET

Date :		Time :		Incident No.:	
Agency :		Division:		Patient CDL	Patient SSN
Last Name		First Name		Middle Name	
Current Address (Number & Street)			City	County	State Zip
Birth Date :		Current Phone No.:		Birth Place :	
Whom to Notify		Current Telephone Number		Relationship	
Current Address (Number & Street)			City	County	State Zip
<b>Brought from :</b> Home <input type="checkbox"/> Jail <input type="checkbox"/> Other <input type="checkbox"/> Street Address <input type="checkbox"/> _____ <b>Personal property/residence secured</b> Yes _____ No _____ <b>Follow up needed</b> Yes _____ No _____ <b>Reason:</b> _____			<b>Firearm Confiscated :</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Type:</b> <input type="checkbox"/> Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun <input type="checkbox"/> Other Total : _____		
Automobile: <input type="checkbox"/> Yes <input type="checkbox"/> No		License # _____		Make : _____ Model : _____	
<input type="checkbox"/> Impounded		<input type="checkbox"/> At Residence <input type="checkbox"/> Other Location : _____		Year : _____	
Location of Vehicle/Keys:					
<b>Reason for Request:</b> <input type="checkbox"/> Danger To Self (DTS) <input type="checkbox"/> Danger To Others (DTO) <input type="checkbox"/> Gravely Disabled (GD)					
<b>Incident Description:</b> _____					
<b>PATIENT WAS TRANSPORTED TO :</b>					
<input type="checkbox"/> Aurora <input type="checkbox"/> Balboa Hospital <input type="checkbox"/> Bayview Hospital <input type="checkbox"/> C.M.H. / EPU <input type="checkbox"/> <b>Other Hospital:</b> _____				<input type="checkbox"/> API <input type="checkbox"/> Sharp Grossmont <input type="checkbox"/> Sharp Mesa Vista <input type="checkbox"/> Scripps Mercy	
<input type="checkbox"/> Palomar <input type="checkbox"/> Paradise Valley <input type="checkbox"/> Pomerado <input type="checkbox"/> Tri City				<input type="checkbox"/> U.C.S.D. <input type="checkbox"/> VA Hospital	
<input type="checkbox"/> Crisis House <input type="checkbox"/> Jail <input type="checkbox"/> <b>DISCHARGE SELF</b>					
<b>Officer (Print Name)</b>		<b>ID No. :</b>		<b>Unit No. :</b>	
				<b>Station Phone No. :</b>	